

1-8-04 NEW
04-19405

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Washburn Appraisals
BUSINESS STREET ADDRESS: 13121 SW 30th Ct ZIP 33330
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 954-723-1997
DESCRIBE TYPE OF BUSINESS: appraisable of appraisable Residential
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____ Contents

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jane Washburn</u>	<u>13121 SW 30th Ct</u>	<u>Davie</u>	<u>33330</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Jane F. Washburn, DCA CAPP
Print Owner or Officers Name and Title

Jane F. Washburn, DCA CAPP
Signature of Owner or Officer

Office Use Only: Date <u>1-8-04</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>115.76</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-19405</u> Control # <u>15800</u> Zoning <u>B-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Int</u> Date <u>1/8/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	LOCATOR 10272 50-40-23-03-0190 DAVIE MISPERMITS P/NBS
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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